



NEW & TRANSFER PLAYER REGISTRATION FORM - AMATEUR PLAYER 2019

Type of Registration (Please Tick) New  Transfer

SAFA CAPE TOWN REGISTRATION NUMBER ISSUED (Regional Use)

Note: this form must be accompanied by a COPY of the members Computerised Birth Certificate for 16 and younger  
Note: this form must be accompanied by a COPY of the members Green Coded RSA Id or Smart Card for 18 and older

Player Type (Please Tick) Football  Futsal  Beach Soccer

Members Type (Please Tick) Youth  Senior  Player  Referee  Official

Members ID number

Members Surname

Members First Name

Nationality South African  Foreigner  (Submit the applicable official documentation from Department of Home Affairs or from the Country of Origin)

Gender Male  Female  Disabled Yes  No

Club Name Meadowridge AFC

Previous Club if Applicable  Clearance Attached (Please tick)

LFA Name CTFFA

Previous LFA if Applicable  Clearance Counter Signed (Please tick)

LFA Reg Officer Signature  By signing this form, the LFA official confirms that the information herein is true & correct

Date: \_\_\_\_/\_\_\_\_/2019

FOR REGIONAL USE ONLY

SAFA CT REG OFFICER REJECTION COMMENTS/REASON

Player registered with another club obtain clearance and/ or counter clearance from the LFA

Club & LFA

Date Last Registered \_\_\_\_/\_\_\_\_/\_\_\_\_

Provide Updated Photo

Other

Player Registration Card (Paste no staples)

Id Size Photo (Paste no staples)

Lost Card, provide letter from club (Please Tick if attached)